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THE ORGANIC ELECTRIC ACTION OF THE SPLEEN.

AT a meeting of the Surgical Society of Ireland, held on the 9th of March, a deeply interesting and highly scientific theory, regarding the uses of the "spleen," was propounded by Sir James Murray. The following are the proceedings of the Society on this subject:

In the year 1828, a theory, called the "Thermo-electric Doctrine of the Spleen's use," was submitted in a thesis to the College of Edinburgh.[*] During numerous experiments, instituted since that time on inferior animals, in order more certainly to estimate the degree of *temperature* there said to be communicated by the half-detained warm blood of the spongy spleen to the stomach and its contents, it was found that the whitish globular bodies and the splenic erectile tissue contribute not only *increased heat*, but also *augmented electric energy*, to the gastric laboratory during digestion.

As it would require a long time to recount the details of twenty-years' trials, nothing but some of the mere inferences are here brought under consideration, in order to excite others to repeat and improve similar investigations. Such experiments being delicate and difficult require frequent repetition, in many ways, to avoid the vast variety of incidents which modify or alter electric or galvanic phenomena during such inquiries.

The following are some of the experimental deductions which are respectfully submitted to this Society.

1st. It appears that series of electric currents emanate *from the spleen to the stomach* during digestion.

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[*] "I do not remember whether the principal uses here ascribed to the spleen are guessed at by theorists among the thousand offices assigned to that organ. The spleen is a large spongy mass, on which the splenic portion of the stomach rests, almost in contact with the food to be digested. As the spleen receives a very large quantity of blood hot from the adjoining heart, this warm stream contributes caloric, as from a reservoir, to the contents of the stomach, until the alimentary pulp is raised to the blood's temperature at its fountain head. Whether this idea of a *focus* for diffusing heat to the stomach and ingesta be a correct notion or not, I do not pretend to affirm; but the detention of the blood until it have time to distribute heat by communication, seems provided for by the structure of the spleen itself. This is apparent from the large capacity of the arterial branches when compared with their trunks. If we suppose, for instance, that one meal, solid and fluid, shall weigh fifty ounces, at (say) fifty degrees of heat, and that it requires to remain an hour in the stomach before chemical changes of aliment take place—if, during this time, a jet of blood, amounting to two ounces, estimated at one hundred degrees of heat, shall part even with one degree of that temperature to the colder pulp in the stomach, then the latter would be raised to blood heat within the time mentioned."—*Thesis on Temperature, p. 57, by James Murray, M.D.*, 1828.

2d. That the activity of these currents varies, according to the degree of splenic distension by the blood through the vessels of the spleen.

3d. That the currents of electricity are more intense, in proportion to the blood's heat, to the pressure exerted on the spleen, during inspiration, and to the impulse and friction of the circulation in the large splenic arterial branches.

4th. That, in a minor degree, similar phenomena ensue, even out of the animal; when a recent spleen is insulated, and then injected with warm water, but still more so, with hot liquors, containing such saline ingredients as prevail in the blood.

5th. That a spleen recently taken from an animal, when insulated and injected with tepid fluid, determines a positive current towards the gastric surface of the spleen when tested delicately by gold and silver wires.

6th. That contraction of erectile tissue ensues when the extremities of a gold and silver wire touch at one point the nerve, and at another the erectile tissue of the spleen.

7th. That contraction, to some extent, seems to be produced when two cups filled with water are united by a metallic arc, one end of a spleen being immersed in one of the cups, and the opposite extremity in the other cup. But so many uncertain deviations of the electrometer needles occur during this experiment, that more experience is required to arrive at surer data regarding this part of the trials.

8th. That disks or slices of spleen, placed upon each other, were in most instances better voltaic piles than similar batteries constructed from equal weight of brain, liver, kidney, pancreas, or even of muscular flesh.

9th. That slices of spleen are better conductors than equal sections of any of the above materials, particularly when moistened by warm saline fluids, or even by tepid distilled water.

10th. That the intensity of galvanic currents along the vasa brevia, from the spleen to the stomach, continues through the gastric coats in the recently-swallowed ingesta, and that the liquor called gastric juice seems thereby to derive and exert some galvanic influence upon the pulpy aliment, whereby chemical action and digestive assimilation appear to be set up and maintained among dissimilar atoms of nutriment.

11th. That so far as the stomach and its contents are concerned with electric agency, they are more particularly to be considered as *passive receivers or conductors* of galvanic influence, but that the spleen is endowed with active powers of generating or creating voltaic evolutions, under favorable degrees of repletion of its vessels, tension of its erectile tissue, and of auxiliary thermo-electric principles.

There are no other passages except the veins and lymphatics to carry away any secretion or modified fluid from the spleen to the stomach. But additional degrees of temperature can be readily communicated by means of membranes and tissues in actual contact. In like manner the same conductors can rapidly convey electric energy to the stomach and its contents without intermediate vessels or efferent ducts.

Here I wish to avoid the analogy of parts of animals admitted to be endowed with independent electric powers, and also to omit arguments drawn from the anatomical structure of the spleen, but I merely observe, that a natural pile or soft battery seems to be constituted in the spleen by its links of soft pulpy corpuscles, each containing a liquor, not one of them isolated, but all chained to each other by delicate conductors of moist threads, uniting disk to disk, like the knots of a cord. I have many times noticed that, under favorable circumstances, this curious pile, so well and beautifully connected, cell to cell, is capable of generating or conveying voltaic influence, which agency seems to furnish another argument, that "nothing was made in vain."

12th. From the above, and many other data, it may be inferred, that if ever the all-pervading power of natural electric agency shall come to be studied for *practical purposes* or rational therapeutic principles, its application will be different from that *blind chance shocks and passes*, discharged upon the human body from the electric machines. It is hoped the time may come when physicians will be able to ascertain whether digestive ailments of the stomach are more or less connected with certain *positive* or *negative* electrical defects or derangements, and whether the water we drink can be *positively* or *negatively* electrified, so as in some measure to supply such defects. The same may take place, in some rational way, by impressing electric influence upon the air inhaled by imperfect lungs, and remedies may yet be prescribed to modify or improve untoward or imperfect electric influences on the living body.

The president said that as Sir James Murray had asked them to question him upon the matters put forward in his interesting paper, he trusted that such members as had paid much attention to the subject would avail themselves of the invitation.

Dr. H. Kennedy wished to be informed whether the experiments from which Sir James Murray had drawn his conclusions, had been performed upon living or dead animals? They were acquainted with the fact, that the spleen had been, in numerous instances, removed from animals, and yet no ill consequences ensued. Now, if the spleen performed an office of so much importance as Sir James Murray had assigned to it, how would he explain the fact of its removal from the animal being followed by no bad consequences whatever? He would therefore like to know whether his experiments were performed on living animals, how they were conducted, and whether he was able to discover any actual current of electricity between the spleen and the stomach?

Sir J. Murray said it was quite true, as Dr. Kennedy had mentioned, that animals had survived the loss of their spleen. Dogs had been observed to grow remarkably fat under such circumstances; indeed, he might say, too fat, because when the natural electricity of an animal or vegetable was interfered with, they became differently circumstanced from what they had been before, and either became hypertrophied or wasted, instead of retaining their ordinary condition. The circumstance that the spleen might be excised without causing death, was no additional proof that this organ does not do that which almost every other organ does, namely, supply something of its own manufacture, and send it, by means of a duct, to the locality where its office is to be discharged; but on the contrary, that the spleen, having no ducts for carrying a secreted liquor, secretes no liquor at all, but a something of a different kind which assisted in promoting the assimilation of the food within the stomach; doing, in short, what in a superior degree the electrical eel did for itself for the purposes of offence and defence—namely, exercise a considerable degree of electric energy. It was pretty well known that the electrical system of the electric eel, although occupying fully one half of the animal's body, might be cut away, and the animal would not only survive the experiment, but even grow fat. With respect to the experiments from which his inferences had been drawn, their details would only weary the Society, and consume time unnecessarily. They were performed upon animals both living and dead, and might be repeated by any person who wished to test the accuracy of his conclusions for his own satisfaction. In performing experiments of this kind, it was right to mention that many circumstances might contribute to mislead the experimentalist, and it was on this account he had set down some of the data he had advanced in a questionable point of view, in order to induce gentlemen who had time and inclination for the purpose, to set to work and endeavor to ascertain how far his views were borne out.

Dr. Benson begged to ask Sir James Murray, if he thought that digestion in the stomach went on better when the individual's spleen was enlarged, or when it was of the usual size? It would appear to be a fair inference from Sir James's theory that digestion ought to be performed more perfectly and rapidly in the former case than in the latter, yet he (Dr. Benson) believed that this was contrary to the fact. For instance, in the temporary enlargement of the spleen during the cold stage of ague, and in its more permanent enlargements, he was sure that the process of digestion was suspended, or retarded, certainly not carried on with more activity or efficiency than when that organ was in its normal condition.

Sir J. Murray explained. He was of opinion that in cases of ague where the spleen was highly injected with blood, the latter was, in all probability, in a more passive state, in which case it did not possess that degree of vitality and activity which blood in a healthy spleen would have, when creating and diffusing electric influence to a healthy stomach. They were aware that in blue cholera the temperature of the patient's body would descend from 100° F. to 70°; and in the cold stage of ague, the temperature was occasionally extremely low; but hitherto he had no opportunity of experimenting upon the spleens of patients who had died of either of these complaints. All his experiments had been performed on the inferior animals, and as he had not been lucky enough to catch any of them in an ague fit, or in blue cholera, he had no choice but to take them as he found them.

Dr. Thorpe referred to the great difficulty, acknowledged by Sir James Murray, of successfully conducting experiments with thermo-electricity, and inquired whether he had performed any similar experiments upon the kidneys of animals by injecting fluid through the renal artery?

The president remarked that the functions of the spleen and kidney were so different, that he thought the question of Dr. Thorpe irrelevant to the subject under discussion.

Sir. J. Murray reminded Dr. Thorpe that he had stated in his paper the fact of his having sliced off disks of the kidneys, pancreas, liver, brain and spleen, and placed pieces of moistened paper between disks of different structure; and that beyond all doubt, so far as the majority of his experiments went, the spleen appeared to be capable of creating a more active electric current than a similar bulk of brain, liver, or other animal substance. With respect to the kidneys, they had, as the president had remarked, to deal with a material totally different from the spleen. The kidney was a hard, glandular body, the texture of which was exceedingly unlike that of the spleen, and its power of conveying the electric influence must also be widely different, owing to the presence of extraneous salts within the organ.

Dr. Geoghegan said, that although the details of Sir. James Murray's experiments had not come before them, yet they were entitled, from analogy and from the observations of other physiologists, to conclude that the electric fluid did circulate through the body. It had already been positively determined that electrical currents circulated between the stomach and the liver, the former representing the positive, and the latter the negative poles; and similar currents circulated between the interior and the exterior of muscles. There was therefore no ground for supposing that currents of electricity, such as James Murray had spoken of, did not circulate between the spleen and stomach, but he felt bound at the same time to say that Sir James Murray had not brought forward sufficient evidence to satisfy the Society as to the correctness of his inferences.

Sir J. Murray stated that the details of his experiments were so copious and so dry that the patience of the Society would be quite worn out before he had read them half through. They were, however, experiments of such a simple kind that any person who pleased could readily perform them for himself. Three manuscript volumes of these details had been formerly laid on the Society's table.*

TWO CASES OF STRANGULATED HERNIA, HAVING THE STRICTURE IN THE NECK OF THE SAC.

BY T. WOOD, M.D., OF CINCINNATI, OHIO.

In the January number of the Edinburgh "Monthly Journal of Medical Science," a case of strangulated hernia is reported, in which the stricture is in the neck of the sac and reducible with the tumor. I have met with two such cases in the course of my practice.

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* The galvanic circle requires three substances—two excitors of electricity, and one conductor connecting them; the excitors may be two dissimilar animal substances, such as nerve and muscle, muscle and skin, and so on; the conductor may likewise be a third animal substance, or may be of the same nature as one of the excitors. Thus, then, the white corpuscular substance in the spleen, and the red erectile material of that organ, when united by the moist membranous links of processes, which complete the circle, like chains, possess all the requisite qualities of true galvanic circles, interlace by conducting fibres or threads, ramifying from one globular body to another, through the whole structure of the spleen, and capable of impressing marked galvanic changes on the torrents of blood passing through that organ. Alternate sections of recent cortical and medullary disks of brain, with membranes of dura mater interposed, also affect the galvanometer, but more feebly.

Case I.—In the winter of 1843, I was summoned to see James Hanna, of Harrison county, Ohio, in consultation with Drs. Kenedy and Hammond. On examination, I found in the right inguinal canal, a hard tumor, about the size of a hen's egg, which could by pressure be moved upward, so as to nearly disappear, flattering us with the hope that it was reduced; but on removing the pressure a few minutes, it would return to its old position. Symptoms of strangulation had existed forty-eight hours, and nearly every remedy had been tried before my arrival, except the operation. Stercoraceous matter had been vomited freely, and anything swallowed would excite emesis. I proposed a speedy operation as the only hope. To this Dr. Kenedy objected, by stating that he had known three members of Mr. Hanna's family to die from strangulated hernia, similar to the present case—that they had all been operated on by skilful surgeons, and the bowel returned into the abdomen without any cessation of the symptoms of strangulation, and that they had tried the most active means in their reach to procure a passage through the bowels after the operation, but in neither case could it be done. The patient himself thought his case a hopeless one, as he had seen the fatal results of the operations on his father, brother and sister; yet he was willing to submit to the operation if we thought it would give him any chance for his life. Dr. K.'s objections went no farther than that he considered it useless, and would give unnecessary pain; and these he urged no further—so the operation was decided on. I made an incision in the usual form, and opened the sac. On introducing the finger, I was somewhat puzzled to find so slight a resistance at the internal ring; but I made a gentle enlargement of it, with the bistoury, and returned, without difficulty, the tumor in mass into the abdomen, feeling at the same time a conviction that the bowel was not relieved from stricture. I then requested Drs. K. and H. to examine the wound, and see if they considered that the bowel was properly reduced. They did so, and decided that all was right. The wound was then closed with adhesive strips, and a compress with a tight bandage applied.

Having rode about twenty miles, in an intensely cold night, I was tired and went to bed, leaving directions to be awakened in two hours if the vomiting still continued. In two hours I was called up, and found all the symptoms decidedly worse. I then determined to open the wound and make further search for the difficulty. The tumor was readily brought down again and examined, when a stricture was found to exist, passing round the bowel in a spiral direction. As soon as it was cut, the tumor was dissolved, and passed back with instant relief. All the patient's distressing symptoms disappeared from that time, and in an hour a free passage was had from the bowels. He soon recovered and is still living.

Case II.—A case, similar to the above, was met with in a patient of Dr. Walker's, in this city, that I operated on, on the 26th of April last, in the presence of Drs. Warder, Conner, Walker and Slocum, to all of whom I am indebted for their kind assistance.

The bowel had descended on the right side, and occupied the whole of the inguinal canal, and extended about one inch and a half below the external ring.

Nothing new or unusual was observed till the sac was opened and the finger introduced, which readily passed through the external ring, by the side of the bowel, up to the internal ring, and beyond where the tumor seemed to terminate. But, although the bowel could not be made to pass the ring, there seemed to be no stricture there. After some ineffectual efforts to detect a stricture at that point, the finger was withdrawn, and a careful examination of the tumor made from its base upwards, when a spiral stricture was felt, not passing directly, but obliquely round the bowel, a full half inch below the margin of the internal ring. This being nipped, the bowel was loosened and the whole tumor returned into the abdomen, followed by entire relief.

The patient recovered without any more unfavorable symptoms, and in one week after the operation left his room, supported by a truss.—*Western (Cincinnati) Lancet.*

CASE OF RUPTURE AND OBLITERATION OF THE BLADDER—DEATH IN FOUR DAYS.

BY E. M. PENDLETON, M.D., SPARTA, GEO.

THE subject of this unfortunate accident was a fine, healthy boy, about 7 years of age, belonging to Dr. Ferrell, of this county. He was lying on the floor of his cabin, about daybreak on Friday morning, the 18th of May, in a sound sleep. A lusty young woman, in walking about the room, trod upon his abdomen. He was lying on his back, and thinks her foot rested about the navel. It occasioned considerable pain, which caused him to awake and cry out. He was not considered seriously hurt, however, until the next morning, when I was sent for (a distance of five miles) to see him. Not being at home, I did not reach the plantation till noon—thirty-six hours after the accident. His pulse was now 102, and rather feeble; skin preternaturally cool; tongue slightly furred, with some thirst. The tympanitis was considerable, with extreme tenderness over the abdomen upon pressure. He had taken a dose of castor oil, which had produced an evacuation, and had passed some water. His countenance was depressed from pain, but did not exhibit the marks of a case *in extremis*. I ordered warm mustard poultices to the abdomen, a large dose of calomel, to be followed in three hours with a tablespoonful of ol. ricini. If the tenderness and swelling did not subside by 9 o'clock, P M., to apply a large blister; which was done.

Sunday, 11 o'clock, A. M.—Pulse 125, still soft and feeble, and extremities cold; tympanitis intense, with great tenderness. Had passed no water for nearly twenty-four hours, but had drank a considerable quantity. Medicine had operated copiously—thick, muddy evacuations, with several lumbricoides. Blister had drawn well. Ordered spts. nit. dulc., half teaspoonful every hour, in pumpkin-seed tea, with mustard plasters to extremities.

Monday, 9 o'clock, A. M.—Pulse 106, almost imperceptible, with deathly-cold extremities. Had passed a little albuminous fluid *per ure-*

thra, or, rather, it dripped from him while at stool. Tongue cadaverous; eyes a little glairy, and countenance shrunk; vomiting a black grumous fluid at intervals. Pronounced him *in articulo mortis.* He succumbed, Tuesday morning, about daylight, precisely four days from the occurrence of the accident.

Autopsy, about five Hours after Death.—The abdomen still much enlarged, though it had shrunk some. Water had been exuding from the mouth and nostrils, and, upon percussion, the abdomen seemed distended with this fluid. When the knife entered the abdominal cavity, near the navel, the water spouted out nearly a foot high, and continued for a minute or more. The cavity was completely full, and contained about three gallons. After emptying it, we found a considerable quantity of pus in the pelvic cavity, but no appearance of a bladder. This viscus had evidently bursted and become disorganized under a process of inflammation. The stomach, liver and intestines were all healthy. The perinæum exhibited some patches of congestion and incipient inflammation. The stomach was likewise distended with water.

The most remarkable feature in this case is, perhaps, the fact that the patient lived four days without a bladder. We have reported it for the information it may afford in diagnosis, and not with a hope of educing any practical good from it. There are, I believe, but few such cases on record; and, never having seen one before, I was very much at a loss in forming my diagnosis. I treated it, however, as enteric inflammation, though I deemed the symptoms as equivocal at the time. One hygienic inference may be drawn from the case, viz., that great caution should be used in producing concussion in that region when the bladder is distended with water. The membranes, being very delicate, are, as the above case clearly proves, subject to rupture. The probability is, that the result would have been different, if the boy had been awake. As it was, the system was perfectly relaxed. There was no propulsive power about the muscles; and micturition not having taken place for some nine or ten hours previous, the bladder was, doubtless, distended with fluid. The woman was not large, but far gone in her first pregnancy—consequently, was clumsy, and not able to recover readily from an unexpected step. In the attempt to do so, she fell, and is of opinion that not more than a moiety of her weight was brought down upon the boy. At all events, it was a fatal step, and one that teaches us a lesson in reference to the care that should always be taken of so delicate a viscus as the bladder.—*Charleston Med. Journal.*

TANNIN, AS A MEDICAL AGENT.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—For several years I have been engaged to some extent in investigating and experimenting upon the use of *tannin* as a therapeutical agent, both in private and dispensary practice, and I send you herewith some of the results and conclusions to which I have arrived in my investigations thus far. I have seen but little written upon the use of this valuable article, and can therefore communicate no more than the result of my own practice, and that of my professional brethren who have, according to my suggestion and request, noted the results of its exhibition in various cases, and under a variety of circumstances. I have been accustomed to use the tannin in every case where a strong and active astringent seemed to be indicated, and have never had reason from the result to regret its exhibition. On the contrary, so highly do I esteem it, as an astringent, that could I have but one article of the whole list of astringents, I should perser the tannin. In *dysentery*, I have used it extensively, either alone or combined with opium in some form, and I am satisfied that so far as an astringent is indicated, we cannot desire an article more prompt in its action or salutary in its application, than tannin. I could cite, probably, more than one thousand cases of dysentery, diarrhœa, cholera, cholera infantum, and other bowel affections, in which I have used this article within two or three years, and in no case have I regretted having given it, and in very few indeed did it fail of producing the desired effect. Dr. S. S. Whitney, of Dedham, informs me that he uses it almost exclusively in dysentery, whenever an article of this class seems to be indicated, and values it very highly. There is no danger in the use of tannin to almost any extent, as its only effect when given in large doses, or repeated for a length of time, is constipation of the bowels. This cannot be said of the acet. plumbi, and many others of the astringents heretofore in use in dysentery. Again, the tannin possesses the astringent property in so concentrated a form, that very small doses are sufficient; which, especially in the case of children, is a great desideratum. Several of my professional brethren in this city, and in the country, have added their testimony in favor of tannin in dysentery, as well as in various other diseases which I shall notice ere I close. I will give a few of the formulæ which I have been accustomed to prescribe in adult's and children's cases: R. Tannin, ℈j.; opii in pulv., ℈ss.; secale cornuti, gr. xv.; sacch. alb., ʒss. M. Ft. chart. no. x. For adult males, and females where the secale cornuti is admissible. Or, R. Tannin, gr. x.; ip. et op. c. p., ℈j.; pulv. cretæ comp., ʒss.; sacch. alb., ℈j. M. Ft. chart. no. x. vel xv., according to the age of the child, or from 1 to 5 years. Or, R. Tannin, gr. xxv.; pulv. opii, gr. x.; ext. cicutæ, gr. viij.; ipecac. pulv., gr. x. M. Ft. pilules no. x. One three or four times a-day.

In some cases I have, in prescribing for children, given the tannin combined with Dover's powder ground down with white sugar; and of course the prescription must be so altered as to conform to the nature and circumstances of the case. Of course other appropriate treatment is necessary, as in all other cases, as we are merely proposing one class at present, viz., astringents; but I am confident that my brethren in the healing art will find, on application of this article, and close observation, that we have an article worthy of our confidence, upon which to depend in cases of emergency. I could relate almost any number of cases to substantiate my position in relation to the utility of tannin in bowel diseases, but consider it unnecessary, since it is easy to try the article, and test its merits and its claim to confidence.

Again, I have successfully used it in the *sweating* of the last stages of phthisis, or low continued or typhoid fever, and even in the worst cases have never had it fail to relieve either wholly, or to some extent, this disagreeable accompaniment to diseases of debility. In a case of tubercular phthisis that I treated some two years since, the patient, a corpulent man naturally, aged 46, was accustomed to sweating so profusely as to deprive him of rest to some extent, and weaken him rapidly. After trying the diluted acids, tr. myrrh., inf. anth. nob., &c. &c., I gave him at night a pill containing of tannin and opium one grain each. He sweat but very little the first night he took it, and the second night the same dose checked it entirely, and from that time to the day of his death he was troubled no more with sweating, except when he omitted the pill. In another case, the patient, a young man, had been sick for several weeks with typhoid fever, and on becoming convalescent he was troubled with night sweats to such an extent as to prevent him from gaining strength. He had taken the usual remedies prescribed, in vain. I gave the tannin in one-grain pills, and from the first time he took them his sweating was checked, and his health rapidly gained until he found himself well. I might relate many more equally remarkable cases in my own practice, but it is unnecessary.

Again, in *hæmorrhage*, in almost all its forms, I have used the tannin with success. In hæmoptysis, tannin, combined with opium and ipecac. in form of a pill or powder, has seldom failed in my hands of producing beneficial results, and in almost *every* case it has proved successful. I had a case, but a short time since, where the hæmorrhage was very profuse, so much so as to reduce the strength of the patient in a very short time. He was a man of some 50 years of age, predisposed to phthisis, who had suffered from previous attacks of bleeding from the lungs. I gave the tannin, combined as above, in the form of pill, and in a very short time the bleeding ceased, and has not returned since. In those cases where the patient cannot take pill, from natural aversion, or any other cause, the tannin may be given in the form of powder, or bolus, as may be most agreeable. It may be said that the ipecac. and opium are old and well-established remedies. I grant it, but they often fail when given alone to produce the desired result. The acet. plumbi, sulph. zinci, sulph. cupri, &c., I know are useful articles in this form of disease; so is the sulph. aluminis and many other articles: but in a practice of ten years, more or less, using most of the articles of this class in the materia medica, I can but give the tannin the preference over all other articles in this disease.

Again, in hæmaturia, hæmatemesis, and other forms of hæmorrhages, I have used the tannin sufficiently to rely upon its powers as a remedy, above any other article with which I have had the good fortune to become acquainted. Especially in hæmorrhage from the *bowels*, as the result of dysentery, producing abrasions of the mucous membranes, or the rupture of small vessels from other causes, the tannin will be found to act like a charm in arresting the bleeding. I have also used tannin very frequently in that form of hæmorrhage produced by threatened abortion, when in the early months of pregnancy the ovum and its membranes become partially or wholly detached from the cervix, and rest over the os uteri; also when brought on by premature labor. It is true that when abortion is unavoidable, we can, by the use of ergot, cause the uterus to contract and expel the source of irritation, and thus stop the bleeding. But it is always desirable and prudent, if possible, to arrest the hæmorrhage without producing abortion. To answer this end, the tannin is the best article decidedly with which I am acquainted. It acts upon the muscular fibres of the uterus sufficiently to close the mouths of the bleeding vessels without expelling the contents of the uterus, and thus arrests the bleeding and saves the fœtus. This has been the result in many cases in my practice of late.

A short time since, I was called to visit a lady in haste, with the report that she was "bleeding to death." She was about three months advanced in her second pregnancy. I found her flowing rapidly, the os uteri dilated to the size of a twenty-five cent piece, with the membranes of the ovum resting over the mouth of the uterus. She had, by imprudently getting up several times, discharged a large quantity of blood; pulse very weak and trembling, countenance pale and haggard, ringing in her ears, thirst, faintness, and extreme prostration. I gave her tannin in two-grain doses, combined with ipecac. and opium, every fifteen minutes, until the blood ceased to flow. In a short time the hæmorrhage was arrested almost entirely; she passed a good night, had no return of the flowing, and did not miscarry. Her health is now better, she says, than for months previous. Sometimes, it is true, it is necessary to use either the tannin in larger doses, or combined with ergot, when the ovum is entirely detached, and abortion is inevitable; but in most cases of that kind I prefer tannin to any other remedy at present known to the profession. I could detail many cases of the character of the above, were it necessary, but would say to my brethren, test the remedy for yourselves, and I have no doubt you will be satisfied.

In hæmorrhoids, also, I have great confidence in this remedy. In one case, a clergyman who has been afflicted for many years, and has tried every article that was recommended to him, told me, after using my prescription of tannin, that he was completely relieved, and believed himself cured. It may be used in the form of an unguent, or a wash, as is most agreeable:—R. Tannin, ʒ ss.; tr. krameriæ, ℥ ss.; aq. rosar, ℥ jss. M. Ft. wash. Or, R. Tannin, ʒ ss.; sulphur subl., ℈ ss.; spermatis ceti, ʒ j.; adeps pur., ℥ j.; ol. lavend., gtt. v. M. Ft. unguent. Or, R. Tannin, ℈ ij.; sacch. alb. pulv., ʒ ss.; ol. lavend., gtt. v.; adeps pur., ℥ j. M. Ft. ung.

In *epistaxis* the tannin may be used in its simplest form, in powder, and snuffed into the nares, or blown through a tube or quill, and it will be found in almost every case to prove efficacious, and produce the desired result in arresting the hæmorrhage. In severe *salivation* from mercury this article will also be found of great importance. Indeed, I am acquainted with no article in the whole class of astringents that answers the purpose so well as this. I have used it in as severe cases as are usually presented, and in every case with decided advantage, even beyond my expectations. In aphthæ, and other diseases of the mouth, where there is sponginess of the gums, or bleeding, as in scurvy, the tannin has, in my humble opinion, no equal in the whole list of astringents. Indeed in all the diseases of the mouth or gums, where an article of this class is indicated, the tannin will be found worthy of pre-eminence and confidence by every one who will give it a fair and impartial trial. It may also be used as a gargle in relaxation of the uvula and tonsils, and the soft parts contiguous, and I have never found an article upon which more dependence can with confidence be placed. As a gargle it may be used in the following forms:—R. Tannin, gr. xv.; tr. krameriæ, ℥ ss.; tr. cinnamomi, ʒ ij.; aq. rosar, ℥ ij. M. Ft. gargarisma. Or, R. Tannin, gr. xij.; mel disp., ʒ j.; aq. rosar, ℥ ij. M. Ft. garg. for children, or less strength for infants. Or, R. Tannin, ℈ j.; tr. krameriæ, ℥ ss.; tr. op. camph., ʒ iij.; aq. rosar vel dist., ℥ ij. M. Ft. garg. for throat. These forms may be varied to almost any extent to suit circumstances, in practice, but the above are those which I prefer, and prescribe almost every day in my practice. It may be said that the tr. krameria is, in itself, a powerful astringent. This is true; but I have not found it to answer, alone, any very valuable purpose.

As an *antiseptic* in cleansing old sores and phagadenic ulcers, and that form of ulcer that so frequently follows varicose veins, I have used the tannin somewhat extensively in its native form of powder. Especially in those cases accompanied with hæmorrhage does it act beneficially in immediately arresting the bleeding, and rendering the ulcers clean and more disposed to fill with healthy granulations, and ultimately to heal. No article that I have ever used in this kind of cases has given me so much satisfaction, and I am confident that much suffering and danger may be prevented by its early use. As an astringent collyrium, I have also used the tannin with marked relief to the patients to whom it has been applied, and I consider it preferable in all cases of *purulent* ophthalmia, to any other article with which I am acquainted. In other forms of disease I have used this valuable article, but I need not, I think, enumerate further the cases in which its use has proved advantageous in my hands, to convince the impartial, unprejudiced practitioner that it is at least worthy of a trial. I could mention names of those medical men who have, after using the article somewhat extensively, assured me that their expectations were more than realized in its exhibition. I am well aware that it may be said that it is a favorite hobby of mine, and therefore I laud its merits too highly; but I assure you, Sir, if it *is* a hobby, *it is a good one*, and well worthy of esteem as a remedial agent. Indeed, in every case where an astringent is necessary, I have confidence in tannin. I am well satisfied that, though there are, strictly speaking, no *specifics*, yet in those cases in which its exhibition is indicated, there is no article that can at present supersede tannin as an astringent. I am, dear sir, yours, &c. A. I. CUMMINGS.

Roxbury, Mass., August, 1850.

CASE OF SOFTENING OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—It occurs to me that the following case of softening of the heart is important in its bearing upon the science of pathology. If you think so too, it is offered to the pages of your valuable Journal, as a contribution to medical learning.

On the 27th June, ult., I was called to visit Mr. William Ayres, a well-known and valued citizen of this town, living five miles from this village, and near the village of Somerville. On visiting him, accordingly, his case presented the following symptoms, viz.: Pulse irregular, both in respect to volume and frequency, intermittent, small and weak; orthopnœa; could recline for a few minutes at a time on his left side only; heart's motion visible from the 2d or 3d rib to near the umbilicus; pulsation of the carotid in the neck also visible; tenderness over the cardiac region—gentle pressure with the flat hand here produced faintness and breathlessness, and embarrassed the action of the heart—heart's action unresisting to the hand, instead of vigorous and bounding; patient liable to lose his breath when asleep, if he be not waked in a certain time, say from two to four minutes; coughs some, and expectorates coagula of blood and nothing else; requires an attendant by him constantly to fan him and wake him. Auscultation found respiration absent from the lower portion of the lungs on both sides, loud in the upper, and audible in the middle, and accompanied with the fluid rattle on both sides. Squeaking in the right side near the centre of the middle lobe of the lung, sometimes so loud as to be heard several feet from the patient; this squeaking heard immediately after the main act of respiration has been performed; vocal reverberation in same location; upper part of right side of the thorax resonant, all other parts of the thorax so tender that percussion could not be practised. Thorax enlarged; feet and legs œdematous; general anasarca present, but slight compared to the fulness of the lower limbs; urine scanty and high colored; one finger-joint swelled and painful: an old inguinal hernia inclines to protrude, since he cannot wear his truss on account of distension of the abdomen; no appetite for food, nor thirst; no fever; perspires readily and freely; mind perfectly clear, calm and cheerful.

History.—Patient 52 years of age, nearly six feet in height, and, in health, well proportioned; complexion sandy, blue eyes, light hair, has a double hare-lip; temperament sanguine bilious; a farmer; has reared a large family, and accumulated, by hard work and good management, considerable property; regular in life, temperate in habits, and resolute and vigorous in mind; subject from boyhood to sudden fits of fainting, which for ten years past have increased in severity and frequency; subject all his life to paroxysms of palpitation, which have also increased in frequency and severity for the ten years past, and are especially likely to recur on overdoing, walking up hill, or up stairs, running, being excited or surprised; subject for four or five years past to frequent and long-continued attacks of inflammatory rheumatism, when inflammation would pass from joint to joint, till it had visited nearly every one in his frame, and then partially leave him; subject for the last two or three years to "bloating all over, swelling of his feet, and shortness of breath"; used diuretic "herbs to carry the water off," and with reputed success; subject to "some cough for the last year and a half, and expectorating clodders of blood." Has treated his case with patent medicines, &c., till now, and has applied for no medical aid.

Diagnosis.—Organic disease: of the heart enlargement, relaxation and stretching of the valves, hydropericardium: of the lungs passive congestion from accumulation of blood behind the left side of the heart, rupture of blood-vessel or vessels in the lungs, cavity in middle lobe of right lung, tubercles in the lungs and perhaps in the substance of the heart; hydrothorax and anasarca from these structural lesions.

Prognosis.—Unfavorable. Patient in last stage of disease. May obtain some respite from present dyspnœa, &c., but these will again recur, and in some paroxysm will terminate life. Probably even temporary relief will not be obtained.

Treatment.—Diuretics, alteratives, rubefacients to the chest, tonics and stimulants, as occasion seemed to require, and the condition of the patient to justify; lastly, tapping his feet. Urination became abundant as could be desired, and probably removed the effusions, and the more urgent difficulties occasioned by them, and enabled the patient to take the horizontal position for rest. Although the urinary secretion was sustained, yet the effusions gradually re-filled the system again, when tapping the feet was resorted to. This again measurably removed the dropsical collections, and the patient was again enabled to lie down. Water was discharged by the punctures in the feet, and kept the effusion down to a comfortable degree till the patient died, which event occurred on the morning of the 26th inst. I have not detailed the treatment more particularly, for the reason that it was merely palliative and availed very little in controlling the fatal progress of the case. Drs. Comstock, Brewsster and Benton were in consultation during my attendance upon the case. They concurred generally in the diagnosis, and particularly in the prognosis and treatment.

Post-mortem Examination, 24 Hours after Death.—All of the medical gentlemen in this vicinity were invited to witness the examination, and they attended. For the convenience of those who had not seen the case during life, I recapitulated the foregoing symptoms, history and diagnosis; and mentioned that the examination was not proposed for the inglorious purpose of proving one physician right in his opinion, and another wrong, as there had been no diversity of opinion expressed, but that it was proposed for the purpose of obtaining instruction in the science of pathology. Externally—no signs of decomposition; skin slightly yellow; emaciation considerable, though not extreme; thorax enlarged, resonant at upper and middle parts of both sides anteriorly, dull inferiorly, laterally and posteriorly; feet and legs œdematous; anasarca about the loins and nates. Internally—four quarts of reddish water in right pleuritic cavity, two in left, and gas also; no signs of commencing decomposition. Heart enlarged and filled with coagulated blood; enlargement from relaxation and dilatation, and not from hypertrophy;

valves all relaxed and stretched, as were also the columnæ carnæ; walls of the ventricles but little thicker than natural; muscular structure of the ventricles softened, so as to mash and break between the thumb and finger almost as easily as boiled potato; the finger could be pushed through the muscular structure of any part of the heart with the greatest ease. The condition of softening was general; on breaking or mashing any part of the heart, it lost its shape, and appeared in the hand, or on the board, merely as a mass of muscular substance, without any resemblance in shape to any part of the organ to which it had belonged. Color of the heart paler than natural. The aorta for five inches above the heart (and we examined no higher) was relaxed, dilated to an inch and a half in diameter, and softened; no ossifications. Left lung hepatized and softened in all its lower part, healthy in its upper part, and between the hepatized and permeable parts a perforation existed. Nearly all the lower lobe of right lung also hepatized; above the hepatized portion, serum was effused into the cellular substance of the lung. Enlarged bronchia in the centre of the middle lobe; air-cells in middle lobe so much enlarged, that without close inspection they might be mistaken for tuberculous cavities by the inexperienced pathological anatomist. Coagulated blood in the cellular substance of the lung, occupying a place of such extent, that laceration alone could have made it; upper and back part of right lung healthy; no tubercles or tuberculous cavity found in lungs or heart. Enlarged air-cells and bronchia must have furnished the physical signs that were mistaken for those of a cavity. The pericardium was accidentally cut in separating the heart, by which the fluid it contained was evacuated, therefore it could not be measured.

This was undoubtedly a case of softening of the heart, and several interesting inquiries are suggested in respect to its incipient stages, its mode of development, its co-existence with other affections, and its production of secondary lesions in the lungs. Were the fainting fits caused by the pathological condition of the heart? Was that pathological condition accompanied with an occasional paralysis of the heart or its valves? Was that pathological condition, inflammation, either chronic or acute? If inflammation, why has there never been any pain experienced in the cardiac region? How did hepatization and softening of the lungs result from the diseased heart? Had rheumatic affections anything to do with the development of the cardiac affection? And what could have been done to avert the fatal progress of the disease, even if it had been submitted earlier to medical skill?

If some of your able contributors would consider these inquiries, and give their views upon them, through your Journal, many of your readers would acknowledge themselves greatly benefited; for the reason that cases of heart disease are not infrequent, and are evidently on the increase, and their minute pathology is not as well understood by the daily laborer in the field of practice as is desired. SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., July 31, 1850.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1850.

EDITORIAL CORRESPONDENCE.

Paris.—Two important, and in fact indispensable branches of a surgical education, can be acquired here better than in the U. States; viz., anatomy and surgery. Such is the short-sightedness and ignorance of two-thirds of those composing our State legislatures, that no legal provisions, of a generous character, have been devised for aiding or facilitating practical anatomy. Laws enough have been enacted to punish those who presume to prescribe without understanding it, while imprisonment and fines are suspended over the heads of those who exert themselves to be qualified! Old Massachusetts is greatly in advance of the other New England States, in legalizing anatomical pursuits; yet she is far behind France, and that is one of the reasons why medical students prefer the latter. They are here in no danger of being interrupted by bigots or official upstarts, while laying a foundation for professional usefulness. Surgery, too, is taught in France to great advantage, by simply congregating in the hospitals all who seek relief by instruments. When the population quadruples with us, and tumors, fractures, contusions, &c. &c., increase in a corresponding ratio, our hospitals will vie with similar institutions in Europe, in the facilities for acquiring a ready conception of the nature of disease and expertness in surgery. Again, when our surgeons and public teachers are elected only on account of their fitness for such stations, the schools of North America will have an influence and reputation abroad, of which the whole country will be proud.

One of the mortifications to which we foreigners are not unfrequently subjected, in Paris, is in quoting the opinions and relating the acts of some of those who are regarded as the towers of medical science in circles in which they move at home, and discovering the individuals were never heard of before! What have they written?—is sometimes a difficult question to answer. What have they done?—is equally perplexing. And yet, from what has been seen and learned with respect to the practice of medicine and surgery in France, compared with our own, we cannot help giving the preference to the latter. The surgeon who is more ambitious to save life than to give unnecessary pain, and who never resorts to an operation till all other resources have failed, is entitled to a more elevated rank than one who is more ready to resort to the knife than to ascertain carefully the real necessity for it. American surgeons, as a body, are cautious, and never hazard life without sufficient reason; whereas, to a looker-on, it really appears as though life had but little value in the estimation of some continental operators.

While going through different countries, Asylums for the Insane have been prominent objects of inspection. The one having the first and highest reputation in Paris, is at Charenton, about seven miles from the city, called *Maison Nationale de Charenton*, at the head of which is Dr. Archambault, a successor of the far-famed Esquirol, a good translation of whose work on insanity was made some three years since by Dr. Hunt, of Hartford, Conn. At present, there are about six hundred inmates, one half of either sex.

The physician in chief has a salary of not far from twelve hundred dollars, besides house-room—providing for his own table and house. Our system of paying a salary, and furnishing all the necessaries of life besides, in such institutions, is not understood here. Having been over and through the spacious and numerous apartments of the Asylum at Charenton, it cannot be an indictable offence to declare that some of our American institutions are vastly superior. In good time it will be shown why and how they are so.

Having taken especial pains to examine that astonishing curiosity, the Artesian well of Grenelle, it has strengthened a long-cherished opinion that if the East Boston scheme had been prosecuted with the same indomitable energy that was displayed by the engineer of Grenelle, through years of embarrassment and the ridicule of geological savans, water might have been procured in any desirable quantity. This extraordinary perforation into the earth measures 1782 feet—through which water, at the comfortable temperature of 85 deg. of Fahr., rises 112 feet above the surface. The rush of fluid had been such as to have actually twisted one tube in twain. Repairs are now in progress. Eight hundred feet deeper would have unquestionably furnished boiling water!

Warm as the weather is, there was a full attendance in the School of Medicine to-day, at the lecture on botany. Such a crowd as fills the Lowell Institute when a favorite man occupies the platform, took possession of the room. Spacious as the theatre is, many were compelled to stand. The seats are without backs, made of oak plank, strong and dirty. At another lecture on physiology, in the College of France, the attendance was small. Several American students were present. A dissection of the muscles of the spine, on a living dog, muzzled for the purpose, was so excessively painful to the feelings, that long before the discourse was completed your correspondent left the hall, although the lecture was important and instructive in the highest degree.

The French lecturers are exceedingly fluent, and vivacious: that cold, indifferent, tedious, monotonous mode of teaching the elements of medicine and surgery, which prevails in some of our numerous schools, is unknown in Paris. Men who are forced into chairs for which they are mentally or morally unfit, who are kept there by the force of family alliance, or cliques of medical monopolists, would not be tolerated as professors in France a single day.

No time is allowed, before closing this budget, to describe the Museum of Dupuytren, which comprises a vast collection of models in wax, reunited fractured bones, imperfectly developed skeletons, &c., which must not be forgotten, hereafter, on a fitting occasion.

Dunglison's Therapeutics and Materia Medica.—"General Therapeutics and Materia Medica, adapted for a medical text-book. By Robley Dunglison, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia, 2 vols. Lea & Blanchard and Ticknor & Co., 1850." This work of Dr. Dunglison's has passed through three editions. The fourth one being called for, the author has brought it out thoroughly revised and improved, as regards its style and matter. There are 182 illustrations, which, representing the various medicinal plants, convey at once to the student an idea of their structure, and make them easily recognized when seen. We consider this work unequalled. It embraces all that is known on the subject, while its style is such, that it pleases as well as instructs the reader. Dr. Dunglison is well known as one of the most popular and voluminous medical writers in this country. For his indefatigable zeal in the cause of medical science, the profession owe him much gratitude. His observations have been extensive, and he knows well how to impart to others the benefits of them. In fact, he may be considered a *lexicon* of medical science.

Rose's Chemical Tables.—" Tabulæ Anatomicæ; the chemical tables for the calculation of the quantitative analyses of H. Rose" (of Berlin). " Re-calculated for the more recent determinations of atomic weights, and with other alterations and additions, by Wm. P. Dexter, Boston. C. C. Little & James Brown, publishers." Pp. 69. 1850. These tables of Rose, which are appended to his great work, the "Manual of Analytical Chemistry," are exceedingly valuable. Since their arrangement, the atomic weights of many of the elements have been more accurately determined. In order to make them scientifically correct, the whole of the tables have been re-calculated and re-written. To the chemist, this work must be of the greatest assistance in determining readily the quantities of elementarysubstances. A scientific work, upon which there has been devoted so much time and labor, deserves the consideration of the profession. Its typographical appearance is much better than is generally exhibited in medical books, and is creditable to the Boston publishers, who need not depend upon other cities and countries for their supply, when they can produce such specimens at home. Dr. Dexter has our thanks for the copy sent us, and we sincerely hope that his time and services, in compiling a work of such rare merit, may be remunerated.

Dr. Ware on Croup.—We have received a pamphlet from Prof. Ware, of this city, containing valuable remarks on the history, diagnosis and treatment of croup. As the whole matter appeared in this Journal a few weeks since, we need only refer our readers to the fact of its re-publication. It would be unnecessary to add any remarks upon its merits, since it is the unanimous opinion of all, that it is the most valuable contribution upon the subject of croup ever given to the profession.

Ranking's Abstract of Medical Sciences.—The July number of this epitome of the medical sciences has just been received. It is, as usual, well conducted, and its selections valuable. It being professedly an abstract of the medical sciences, containing an analytical digest of the principal medical works as published in this country and Europe, it is exceedingly useful to the profession.

Medico-Chirurgical Academy of Sacramento City.—The following is a list of the members of the above named Society, lately formed in Sacramento City, California:—Doctors John W. Bay, T. J. White, Jeturs R. Riggs, John F. Morse, James O'Brien, C. W. Ege, Wakeman Bryarly, James W. Andariese, John P. Sharkey, J. H. Hobart Burge, Jacob D. Babcock Stillman, Abner B. H. Dodson, Charles D. Cleaveland, Edw. Don Griffin Bumstead, [deceased], Robert A. Pearis, J. B. Phinney, L. A. Birdsall, Volney Spalding, N. D. Spotswood, A. Kellogg, A. G. Hart, J. A. Wadsworth, Gregory J. Phelan, J. McNulty, S. B. Sewall, Albert A.

Hazard, James B. Gordon, Gordon A. Cook, James S. Wydown, William Grove Deal, Thos. S. Chapman.

Medical Miscellany.—A young man was bitten in the hand by a rat, and died from its effects on the next day—so says the London Times.—Two doctors, in Virginia, have been disgracing themselves by attempting to shoot one another; *unfortunately*, the balls did not prove mortal to either.—A woman living near Little Falls, N. Y., last week gave birth to *five babies*, all boys, and all of whom, with their mother, are doing well.—Dr. Winslow Lewis, with his family, left Boston in the steamer Asia, last week, for Europe. It is understood that it is his intention to reside in Paris for several years.—Dysentery and cholera morbus are quite prevalent amongst us.—Dr. C. H. Pierce, of Cambridge, has been appointed "Examiner of Drugs," for the District of Boston, in place of Edward Hamilton.—The following physicians are connected with the Mexican Boundary Commission:—Dr. Thos. H. Webb, of Boston, Secretary; Dr. J. M. Bigelow, Ohio, Surgeon.—Dr. T. J. Goodwyn, a revolutionary soldier, and a native of Massachusetts, died in St. Matthew's Parish, S. C., on the 10th inst., at the good old age of 92. He was born on the 9th of July, 1758.

A CORRECTION.—*To the Editor, &c.* Sir,—The following correction has just appeared in the Puritan Recorder, which I deem it just should be published in your Journal, as it shows Dr. Osgood, of Springfield, to have written under a misapprehension, and serves to remove the aspersions which were, in your number of last week, thrown upon the advertising notices of Ayer's Cherry Pectoral. Yours, &c. A. C.

East Abington, August 12, 1850.

"MESSRS. EDITORS:—I perceive that a wrong impression is made in a communication to your paper of last week; wherein it is stated that the name of the Rev. Dr. Osgood, of Springfield, has been surreptitiously used by the Proprietor of Ayer's Cherry Pectoral. The statement published in that advertisement is from the Rev. Doct. Osgood, of Pennsylvania, and not Springfield as supposed. Yours truly, JAMES C. AYER."

"*Boston, August 2, 1850.*"

TO CORRESPONDENTS.—Papers from Dr. Galloupe and Dr. Simpson have been received.

MARRIED.—S. R. Philbrick, M. D., to Miss Almira T., daughter of E. Gilmore, Esq., all of this city.—In Lonsdale, R. I., Dr. A. F. Angell, of Taunton, to Miss Cynthia Day, of Smithfield, Rhode Island.

DIED.—In West Brookfield, Mass., Dr. Seth Field, a revolutionary patriot, 88.

Deaths in Boston—for the week ending Saturday noon, Aug. 10th, 76.—Males, 37—females, 39. Accidental, 3—apoplexy, 2—disease of the bowels, 14—inflammation of the bowels, 1—burn, 1—inflammation of the brain, 2—consumption, 9—convulsions, 3—cholera infantum, 4—dysentery, 9——diarrhœa, 1—dropsy, 3—dropsy of brain, 3—erysipelas, 1—scarlet fever, 1—lung fever, 1—gangrene, 1—disease of the heart, 3—inanition, 1—infantile diseases, 4—congestion of the lungs, 1—marasmus, 1—measles, 1—smallpox, 2—teething, 3—ulcers, 1.

Under 5 years, 43—between 5 and 20 years, 10—between 20 and 40 years, 9—between 40 and 60 years, 8—over 60 years, 6 Americans, 31; foreigners and children of foreigners, 45.

The week ending August 11, 1849—240 deaths, of which 94 were by cholera.

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Medical College of Ohio.—Two gentlemen, not hitherto belonging to the Faculty of this College, have been lately introduced, namely, Dr. JOHN BELL, of Philadelphia, and Dr. T. O. EDWARDS, of this city, and formerly of Lancaster, Ohio. Dr. Bell is known to the profession as one of the ablest of our medical writers; and as he has enjoyed a very large experience in practice, and been many years engaged in lecturing, he must be regarded as peculiarly qualified for the chair of Practice. The able and elaborate work of *Bell and Stokes on the Practice of Physic* (of which Dr. Bell has written *three-fourths*) is a monument of ability and research, and affords indubitable evidence that the authors are deeply versed in the practical duties of the profession. Dr. Bell justly ranks with the first medical men of the age; and we can but regard his appointment as the very best that could have been made. He will remove permanently to Cincinnati some time in the ensuing autumn.

Dr. T. O. Edwards, Professor of Materia Medica, &c., is a gentleman of fine abilities, extensive experience in his profession, and, in every sense, admirably adapted to his new position. Through his zeal and untiring energy, the law regulating the importation of drugs was passed by Congress; and, subsequently, by his personal efforts, that law has been carried into practical operation. His intimate acquaintance with drugs, added to his general attainments, render this appointment eminently judicious.—*Western* (*Cincinnati*) *Lancet.*

Cholera in Cincinnati.—It has been evident, for some days, that cases of cholera were originating in our city; but we are happy to state it has not, thus far, prevailed to a great extent. There is reason to believe, however, that an epidemic state of the atmosphere exists, which is evinced by a very general prevalence of bowel affections, and an unusual degree of lassitude in those otherwise in good health. Still we indulge the hope that this fearful disease will not visit us as an extensive epidemic. At this date last summer, the epidemic had reached its utmost intensity; on the 5th day of July, 1849, there were reported 137 deaths from cholera.—*Ibid.*

Quackery and Death.—Three deaths have occurred within a very recent period from that most ignorant of all species of quackery, appropriately termed "Coffinism." One occurred at Blackburn, after overdoses of Cayenne pepper, a material used in almost every disease by the *soi-disant* Dr. "Coffin's" satellites. The two other were the subjects of judicial investigation, inquests having been held in both cases. In the one held in Middlesex, by Mr. Baker, at which Dr. Letheby exposed the pernicious effects of astringent remedies in a case of inflammation of the bowels, the practitioner, a quack herbalist, narrowly escaped a committal for manslaughter; the other case, which has created much public interest at Northampton, was that of a woman who died a week after delivery, and subsequently to an ounce of acetic tincture of *lobelia inflata* having been administered to her by her husband, an agent for the sale of Coffin poisons in that town. Dr. Kerr, Mr. Terrey, and Mr. Bryan, all medical practitioners of eminence in Northampton, gave evidence on this occasion, and that of Mr. Bryant, which is reported at length in the local newspapers, contains a very complete account of the post-mortem appearances of the poisoning by *lobelia inflata*. In this case, a verdict of *Manslaughter* was followed by a committal to prison of the husband of the deceased woman, on the warrant of the coroner.—*London Lancet.*